

35796 U.S. PTO
04/26/01

43201

Please type a plus sign (+) inside this box → ☒

PTO/SB/50 (1-00)
Approved for use through 09/30/00. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	1211-RE
First Named Inventor	Buchanan, L.
Original Patent Number	5,897,316
Original Patent Issue Date (Month/Day/Year)	04/27/99
Express Mail Label No.	EJ028122605US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.9 and 1.27.
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
Original U.S. Patent
- ☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
☐ Yes ☒ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS) (PTO-1449) ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☐ Other:

14. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or

☐ Correspondence address below

Name

Address

City

Country

PATENT TRADEMARK OFFICE

State

Zip Code

Telephone

Fax

NAME (Print/Type)

Henry M. Bissell

Registration No. (Attorney/Agent)

19,200

Signature

Henry M. Bissell

Date

04/26/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/26/90
655599
19/08/05

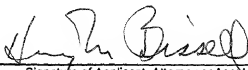
4-30-01

PTO/SB/56 (12-97)

Approved for use through 9/30/02. OM8 0051-0003

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 1211-RE	
Claims as Filed - Part 1							
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate Fee		Other than a Small Entity Rate Fee	
(A) 36	Total Claims (37 CFR 1.16(d))	(B) 69	33 = x \$	=	=	x \$18 =	594.00
(C) 2	Independent Claims (37 CFR 1.16(f))	(D) 5	3 = x \$	=	=	x \$80 =	240.00
Basic Fee (37 CFR 1.16(h))						\$	710.00
Total Filing Fee						\$	OR \$1,544.00
Claims as Amended - Part 2							
Total Claims (37 CFR 1.16(f))	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate Fee		Other than a Small Entity Rate Fee	
Independent Claims (37 CFR 1.16(f))	MINUS	=	=	x \$	=	x \$	=
Total Additional Fee				\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>							
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p>							
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-2465</u>.</p> <p>A duplicate copy of this sheet is enclosed.</p>							
<p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,544.00</u> to cover the filing / additional fee is enclosed.</p>							
<p><u>April 26, 2001</u></p> <p>Date</p>				<p></p> <p>Signature of Applicant, Attorney or Agent of Record</p>			
<p>Henry M. Bissell</p> <p>Typed or printed name</p>							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

10/26/01 04/26/01 10/26/01 04/26/01

03/15/99 04/26/01

10/26/01 04/26/01 10/26/01 04/26/01

Practitioner's Docket No. 1211-RE

PATENT

**REQUEST FOR TRANSFER OF DRAWINGS FROM ORIGINAL PATENT
TO REISSUE APPLICATION**

Please transfer the drawings from original patent, 5,897,316, filed on
April 28, 1994, for the invention entitled ENDODONTIC TREATMENT
SYSTEM

to the reissue application, the specification of which:

☒ is attached hereto.

☐ was filed on _____, as reissue application num-
ber /



Signature of practitioner

Date: April 26, 2001

Henry M. Bissell
(type or print name of practitioner)

Reg. No.: 19,200

P.O. Address

Tel. No.

Customer No.:



23711

PATENT TRADEMARK OFFICE

Express Mail Label NO.: EJ028122605US

Request for Transfer of Drawings from Original Patent to Reissue Application [17-9]

0045509 042004

1211-RE

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.